



Patient and physician gender concordance in preventive care in university primary care settings

Krähenmann-Müller, S ; Virgini, V ; Blum, Manuel R ; da Costa, B ; Collet, Tinh-Hai ; Weiler, S ; Martin, Yonas ; Cornuz, Jacques ; Battegay, Edouard ; Gaspoz, Jean-Michel ; Bauer, D ; Kerr, E A ; Aujesky, Drahomir ; Rodondi, Nicolas

Abstract: Background: The proportion of female physicians working in primary care medicine has increased for several decades. Several studies have reported physician gender differences in preventive health care received by patients, especially for gender-specific preventive services. However, limited data exist on the role of patient and physician gender and gender concordance in the broad spectrum of preventive care. Therefore, we assessed the association between physician gender, patient-physician gender concordance, and the quality of preventive care in Swiss university primary care settings. Methods: We performed a retrospective cohort study of 1001 randomly selected patients aged 50-80 years from four Swiss university primary care settings. We used indicators derived from RAND's Quality Assessment Tools indicators and calculated percentages of recommended preventive care (such as behavioral counseling and cancer screening) according to physician and patient gender. We used a hierarchical multivariate logistic regression, adjusting for patients' age and occupation, and for physicians' age, function and centre (both as random factors). Results: 1001 patients (mean age 63.5 years, 557 male) were followed by 189 physicians (mean age 34.2 years, 90 male, 94.7% residents). After multivariate adjustment, female patients received less recommended preventive care than male patients (88.4% vs. 91.3%, $p < 0.001$). Female physicians provided significantly more preventive care than male physicians ($p = 0.04$) to both female (88.8% vs. 87.7%) and male patients (91.6% vs. 90.7%). We found no evidence that preventive care differed among gender concordant and discordant patient-physician pairs (p for interaction = 0.78). Female physicians provided particularly more recommended cancer screening (colon cancer, breast cancer) than male physicians (81.2% vs. 75.3%, $p = 0.01$). Conclusion: In Swiss primary care settings, female patients receive less preventive care than male patients. Furthermore, female physicians provide significantly more preventive care than their male colleagues, particularly for cancer screening. This study suggests that greater attention should be paid to female patients in preventive health care. Further studies are needed to understand why female physicians tend to provide better preventive care.

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-88956>

Conference or Workshop Item

Originally published at:

Krähenmann-Müller, S; Virgini, V; Blum, Manuel R; da Costa, B; Collet, Tinh-Hai; Weiler, S; Martin, Yonas; Cornuz, Jacques; Battegay, Edouard; Gaspoz, Jean-Michel; Bauer, D; Kerr, E A; Aujesky, Drahomir; Rodondi, Nicolas (2013). Patient and physician gender concordance in preventive care in

university primary care settings. In: 81. Jahrestagung der Schweizerischen Gesellschaft für Allgemeine Innere Medizin, Congress Center Basel, 29 May 2013 - 31 May 2013, s.n..

Patient-Physician Gender Concordance in Preventive Care in University Primary Care Settings

Simone Krähenmann-Müller, B.Sc.^{*}, Vanessa Virgini, M.D.^{*}, Manuel Blum, M.D., Stephan Weiler, M.D., Douglas C. Bauer, M.D., Tinh-Hai Collet, M.D., Jacques Cornuz, M.D., Edouard Battegay, M.D., Jean-Michel Gaspoz, M.D., Eve A. Kerr, M.D., MPH, Drahomir Aujesky, M.D., MSc, Nicolas Rodondi, M.D., MAS

^{*}Simone Krähenmann-Müller and Vanessa Virgini contributed equally to the article.

Background

Over the last decades, the proportion of female physicians working in primary care medicine has increased constantly. In this context, interest in the impact of physicians' gender on quality of preventive care is rising. Several studies reported gender differences in preventive health care received by patients, especially for gender-specific preventive services. However, limited data exist on the role of patient and physician gender and gender concordance in the broad spectrum of preventive care. Therefore, we assessed the association between physician gender, patient-physician gender concordance, and the quality of preventive care in Swiss university primary care settings.

Methods

We performed a retrospective cohort study of 1,002 randomly selected patients aged 50-80 years from four Swiss university primary care settings. We used indicators derived from RAND's Quality Assessment Tools indicators and calculated percentages of recommended preventive and chronic care according to physician and patient gender. We conducted multivariate adjustment for patients' age, civil status, occupation, legal status and for physicians' age, function and centre (as a random factor).

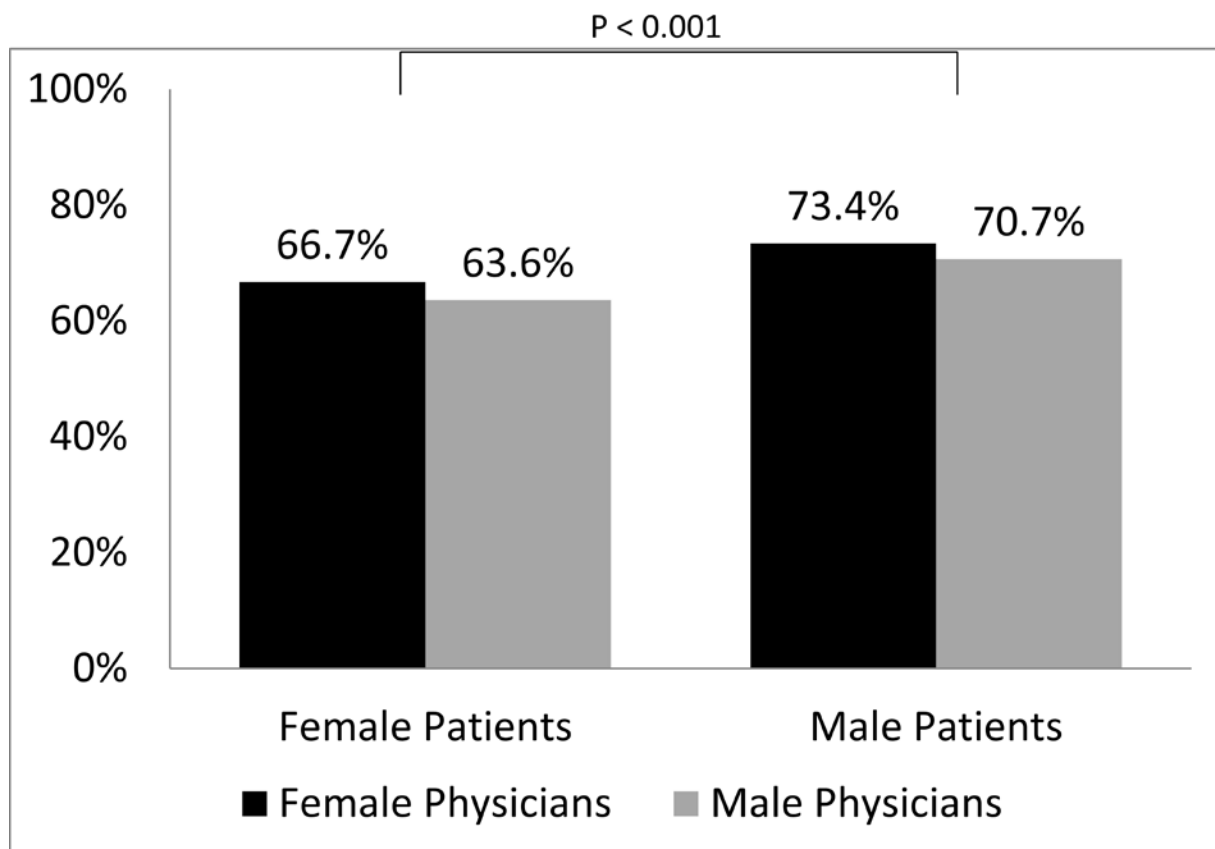
Results

In total, 1,001 patients and 187 physicians were included in this study. Female patients received less recommended preventive care than male patients (65.2% vs. 72.1%, p-value < 0.001). Female physicians provided significantly more preventive care than male physicians (overall p-value = 0.01) to both female (66.7% vs. 63.6%) and male patients (73.4% vs. 70.7%). After multivariate adjustment, results remained similar. We found no gender concordance between physician and patient gender (p-value for interaction > 0.50).

Conclusion

In a country with universal health care coverage system, female adults in Swiss primary care settings received less preventive care than males patients. Furthermore, female physicians provided significantly more preventive care than their male colleagues, for both female and male patients. This study shows that greater attention should be paid to female patients in preventive health care. Further studies are needed to understand the implication of patient and physician gender to improve preventive service delivery.

Fig. 1: Provided preventive care, according to patient-physician gender concordance



Unadjusted aggregate scores, point estimate. N patients=1,001, N physicians=187.